

PRO SE CORPORATION  
PRO SE GOVT.  
UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF NEW YORK

DEFAULT JUDGEMENT  
WHISTLEBLOWER

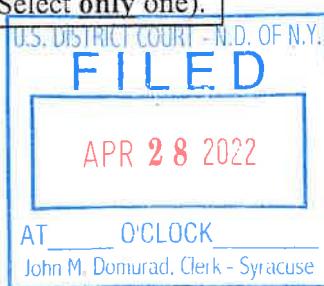
Robert W. Johnson, Plaintiff(s)  
vs.  
Rodeway Inn Syracuse, et al., Defendant(s)

Civil Case No.: 5:22-cv-396  
(TJM/ATB)  
CIVIL  
RIGHTS  
COMPLAINT  
PURSUANT TO  
42 U.S.C. § 1983

Plaintiff(s) demand(s) a trial by:  JURY  COURT (Select only one).

Plaintiff(s) in the above-captioned action, allege(s) as follows:

**JURISDICTION**



1. This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over this action pursuant to 28 U.S.C. §§ 1331, 1333(3) and (4) and 2201.

**PARTIES**

2. Plaintiff: Robert W. Johnson  
Address: 112 COURT ST. : APT. 2 :  
Watertown, NY 13601

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: Rodeway Inn Syracuse  
Official Position: Pro Se Corporation  
Address: 6578 Thompson Rd. :  
Syracuse, NY 13206 :  
315-463-8555

b. Defendant:

Official Position:

Address:

Choice Hotels International, Inc.

Pro Se Corporation

One Choice Hotels Circle :  
Rockville, MD 20850 :  
301-592-5000

c. Defendant:

Official Position:

Address:

Jefferson County Dept. of Social Services

Pro Se Government

250 Arsenal St. :  
Watertown, NY 13601

Additional Defendants may be added on a separate sheet of paper.

4.

#### FACTS

Set forth the facts of your case which substantiate your claim of violation of your civil and/or Constitutional rights. List the events in the order they happened, naming defendants involved, dates and places.

**Note: You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint. (You may use additional sheets as necessary).**

On 04/07/2022 M. Burns, Jefferson County Department of Social Services, Commissioner Teresa Gaffney, Deborah LaBagnini, The WorkPlace, Tracy Eveleigh, Kathy Hochul, Robert J. Rodriguez & Georgeann Stevenson authorized an action for Robert W. Johnson

- d. Commissioner Teresa Gaffney :  
Pro Se Govt. Employee : 250 Arsenal St. ;  
Watertown, NY 13601.
- e. Deborah Labadini : Pro Se Govt. Employee :  
250 Arsenal St. : Watertown, NY 13601.
- f. The WorkPlace : Pro Se Govt. Agency :  
250 Arsenal St. : Watertown, NY 13601.
- g. Tracy Eveleigh : Pro Se Govt. Employee :  
250 Arsenal St. : Watertown, NY 13601.
- h. M. Burns : Pro Se Govt. Employee :  
250 Arsenal St. : Watertown, NY 13601.
- i. Michael Robinson : Pro Se Corporation  
Employee : One Choice Hotels Circle :  
Rockville, MD 20850.
- j. Kathy Hochul : State Capitol : Albany, NY 12224.
- k. Robert J. Rodriguez : State Capitol : Albany, NY 12224.
- l. Georgeann Stevenson : One Commerce Plaza : 99 Washington Ave. :  
Albany, NY 12231-0001 .

**Robert W. Johnson**  
112 Court St.  
Apt. 2  
Watertown, NY 13601

4.

FACTS

to receive assistance to meet an immediate need or a special allowance specifying that the above-said can assist with emergency housing if Robert W. Johnson finds a facility that will accept Robert W. Johnson and agency payment. On 04/26/2022 Robert W. Johnson was denied housing/shelter services by Rodeway Inn Syracuse, Choice Hotels Corporation & Michael Robinson and no valid reasons were given after Robert W. Johnson presented the documents to receive housing/shelter services.

5.

**CAUSES OF ACTION**

**Note: You must clearly state each cause of action you assert in this lawsuit.**

**FIRST CAUSE OF ACTION**

M. Burns, Jefferson County Department of Social Services, Commissioner Teresa Gaffney, Deborah Labadini, The Workplace, Tracy Eveleigh, Kathy Hochul, Robert J. Rodriguez & Georgeann Stevenson breached all contracts and responsibilities.

**SECOND CAUSE OF ACTION**

Rodeway Inn Syracuse, Choice Hotels Corporation & Michael Robinson denied Robert W. Johnson housing shelter with no valid reasons after Plaintiff submitted government records for payments.

**THIRD CAUSE OF ACTION**

Robert W. Johnson was discriminated against by all defendants and denied Due Process Rights with no policy supported documents.

6. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

\$100,000,000.00 for punitive damages : 100%.  
Ownership of Rodeway Inn Syracuse, Choice  
Hotels Corporation: & all other reliefs just and proper.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: 04/27/2022

Robert W. Johnson  
Robert W. Johnson

Signature of Plaintiff(s)  
(all Plaintiffs must sign)

02/2010

<input checked="" type="checkbox"/> <b>Grey Area for Agency Use Only</b> <b>Violations on Property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, check one:</b> <input type="checkbox"/> Stop Rent <input type="checkbox"/> Unfit		<b>1. SHELTER DESCRIPTION</b> Tenant Name: _____ Address: Street: _____ Apt: _____ City: _____ County: _____ ZIP: _____ <b>Dwelling Type:</b> <input type="checkbox"/> SHA Public Housing <input type="checkbox"/> Facility and # of Bedrooms: _____ <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Trailer <input type="checkbox"/> Hotel/Motel Room <input type="checkbox"/> Other: _____ <input type="checkbox"/> Room & Board (meals included) <input type="checkbox"/> Commercial Rooming House - Are meals included? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Room in private home (no meals) - Is any part of rent used by landlord for heat/utilities? <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>"Reference Icon" checked for Street listing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Tenant of Record Verified <b>Name::</b> _____  <input type="checkbox"/> WMS Clearance checked For all NTA HH members.  <b>Contribution Statement needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>2. PERSONS RESIDING AT ABOVE ADDRESS/HOUSEHOLD COMPOSITION</b> Date Tenant Moved In or Will Move In: _____ Name(s) of Persons(s) Responsible for Paying Rent: _____ Name(s) of Any Other Person(s) Paying Rent: _____ List <u>All</u> Persons Living at this Address: _____ Total Number of Persons: _____ Names: _____ Relationship to Tenant: _____ Date Moved In: _____ _____ _____ _____ _____  <i>Use back side if more space is needed to list household members.</i> Is the landlord related to anyone listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship: _____ Does the landlord live in the same apartment/rental unit as the tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a Cash Security Deposit paid by <u>the tenant</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount Paid: _____ Are you requesting a DSS Security Deposit Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No For more information see _____ Renting to a TA Client at : <a href="http://www.ongov.net/dss/temporaryassistance.html">http://www.ongov.net/dss/temporaryassistance.html</a>	
<input type="checkbox"/> Fuel Type Verified  <b>Fuel Vendor Name:</b> _____  <b>Customer of Service:</b> _____  <b>Heat/Utility Acct. #:</b> _____  <b>Owner verified through ONGOV.net</b> <b>Owner name:</b> _____		<b>3. SHELTER EXPENSES</b> Amount of total monthly rent: \$ _____ Is Rent Subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No Subsidy Amt: \$ _____ Tenant's Share: \$ _____  <b>Landlord requires tenant agree to rent voucher up to maximum grant</b> <input type="checkbox"/> Check which of the following <u>are included</u> in the rent: <input type="checkbox"/> Heat <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Electricity <input type="checkbox"/> Cooking Fuel <input type="checkbox"/> Garbage Collection <input type="checkbox"/> Hot Water <input type="checkbox"/> Furniture <input type="checkbox"/> Other: _____ If heat is <u>not included</u> in the rent, check the fuel type used and indicate the vendor: <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Wood <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Coal Vendor: _____ If non-heating utilities are <u>not included</u> in the rent, indicate the type of utilities and the vendor: <input type="checkbox"/> Electricity: _____ <input type="checkbox"/> Cooking Gas: _____ <input type="checkbox"/> Water: _____ Does the tenant pay <u>you</u> an amount, separate from the rent, for heat? <input type="checkbox"/> Y <input type="checkbox"/> N Amount: \$ _____ Other non-heating utilities? Amount: \$ _____ Water? <input type="checkbox"/> Y <input type="checkbox"/> N Amount: \$ _____ Does anyone from outside of the household pay all or any part of the rent, fuel or utilities? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain: _____ Does anyone perform any services for you for which he/she receives a lower rent? <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Collateral Contact</b> <b>Date:</b> _____  <b>Worker name:</b> _____  <b>Case #:</b> _____		<b>4. LANDLORD/OWNER</b> If anyone other than the Property Owner, you <b>MUST</b> supply a copy of the Management Agreement, LLC, Trust or other authorizing paperwork outlining who is authorized to sign and receive rents. The LL Statement will not be processed without this information. Landlord Name (Please print): _____ Day Phone #: _____ Address: _____ Vendor ID: _____ For tax purposes a W-9 faxed to #435-3590 is required to obtain a Vendor #. Owner of Property (If different from above): _____ Address: _____ Day Phone #: _____ Signature of Landlord: _____ Date: _____	

## ACTION TAKEN ON YOUR REQUEST FOR

## ASSISTANCE TO MEET AN IMMEDIATE NEED OR A SPECIAL ALLOWANCE

NOTICE DATE <u>04/07/2022</u>		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE JEFFERSON COUNTY DSS HUMAN SERVICES BLDG 250 ARSENAL ST STE 2 WATERTOWN, NY 13601	
CASE NUMBER P138940		CIN NUMBER CR05904Q	
CASE NAME (And C/O Name if Present) AND ADDRESS JOHNSON ROBERT 112 COURT STREET APT 2 WATERTOWN NY 13601			
		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	(315) 785-3000
		OR Agency Conference	(315) 785-3000
		Fair Hearing Information	(315) 785-3000
		and Assistance	(315) 785-3000
		Record Access	(315) 785-3000
		Legal Assistance Information	(877) 777-6152
OFFICE NO.	UNIT NO. TM2	WORKER NO. 59	UNIT OR WORKER NAME M. BURNS
			TELEPHONE NO. (315) 785-3298

<b>1</b>	On <u>04/07/2022</u> you asked for help with:
	<input type="checkbox"/> A special need of: _____ <input checked="" type="checkbox"/> An immediate need of: <u>ASSISTANCE WITH HOMELESSNESS</u> <input checked="" type="checkbox"/> We will help you by: <input checked="" type="checkbox"/> Meeting your need in the following way: <u>AGENCY CAN ASSIST WITH EMERGENCY HOUSING IF YOU FIND A FACILITY THAT WILL ACCEPT YOU AND AGENCY PAYMENT.</u>  <input type="checkbox"/> Doing the following, since this is <u>not</u> a need of yours that must be met today: _____
	<input type="checkbox"/> If this box is checked, you are responsible for repaying _____ as shown: <input type="checkbox"/> This amount must be repaid to us in accordance with the agreement to repay which you signed on _____ <input type="checkbox"/> You must repay the amount that is more than the DSS shelter maximum of _____ for your family size of _____ for each month of arrears that DSS agreed to pay. <input type="checkbox"/> We cannot help you because: _____
The LAW(S) AND/OR REGULATION(S) which allows us to do this is <u>358.1</u> <input type="checkbox"/> This is a follow-up to our notice to you dated: _____	
<b>2</b>	On <u>_____</u> you asked for help with:
	<input type="checkbox"/> A special need of: _____ <input type="checkbox"/> An immediate need of: _____ <input type="checkbox"/> We will help you by: <input type="checkbox"/> Meeting your need in the following way: _____  <input type="checkbox"/> Doing the following, since this is <u>not</u> a need of yours that must be met today: _____
	<input type="checkbox"/> If this box is checked, you are responsible for repaying _____ as shown: <input type="checkbox"/> This amount must be repaid to us in accordance with the agreement to repay which you signed on _____ <input type="checkbox"/> You must repay the amount that is more than the DSS shelter maximum of _____ for your family size of _____ for each month of arrears that DSS agreed to pay. <input type="checkbox"/> We cannot help you because: _____
The LAW(S) AND/OR REGULATION(S) which allows us to do this is _____ <input type="checkbox"/> This is a follow-up to our notice to you dated: _____	
<b>3</b>	On <u>_____</u> you asked for help with:
	<input type="checkbox"/> A special need of: _____ <input type="checkbox"/> An immediate need of: _____ <input type="checkbox"/> We will help you by: <input type="checkbox"/> Meeting your need in the following way: _____  <input type="checkbox"/> Doing the following, since this is <u>not</u> a need of yours that must be met today: _____
	<input type="checkbox"/> If this box is checked, you are responsible for repaying _____ as shown: <input type="checkbox"/> This amount must be repaid to us in accordance with the agreement to repay which you signed on _____ <input type="checkbox"/> You must repay the amount that is more than the DSS shelter maximum of _____ for your family size of _____ for each month of arrears that DSS agreed to pay. <input type="checkbox"/> We cannot help you because: _____
The LAW(S) AND/OR REGULATION(S) which allows us to do this is _____ <input type="checkbox"/> This is a follow-up to our notice to you dated: _____	

Note: If you are being approved for a special allowance to meet expenses (such as transportation) necessary to attend education or training programs, this allowance may vary based on your actual attendance in the program. If you do not meet a satisfactory attendance standard or make satisfactory progress in the program, this allowance may be withheld. If your allowance changes, you will get a separate notice telling you this and explaining why.

Public Assistance - If you are also applying for public assistance, you will also get a separate notice from us telling you of the decision on your application. If you are getting public assistance and your request for more help is denied, your ongoing public assistance case will not be affected.

Supplemental Nutrition Assistance Program (SNAP) - If you get assistance, your household's SNAP benefits may change. If your benefits are changed, you will get a separate notice telling you this and explaining why.

## MEDICAL ASSISTANCE

If you need help with your medical bills, you must apply separately for medical assistance. If you want more information about eligibility for medical assistance, call the phone number listed above.  
 Your medical assistance coverage stays the same.  
 Your application for medical assistance is being reviewed. We will send you our decision within 30 days.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

Enclosure YOU HAVE THE RIGHT TO APPEAL THIS DECISION - BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION

DISTRIBUTION: White - CLIENT/FAIR HEARING COPY

Yellow - CLIENT COPY

Pink - AGENCY COPY

NAME: JOHNSON ROBERT	ADDRESS: JOHNSON ROBERT 112 COURT STREET APT 2 WATERTOWN NY 13601	CASE NUMBER: P138940
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CONFERENCE AND FAIR HEARING SECTION - DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at [otda.ny.gov/legal](http://otda.ny.gov/legal). These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. **CONFERENCE** (Informal meeting with us) If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the front of this notice or write to us at the address on the front of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

2. **STATE FAIR HEARING** - You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
Public Assistance, Medical Assistance, Social Services	60 days
SNAP Benefits	90 days

If this notice is telling you that you must repay Public Assistance because you signed a repayment agreement, or because the shelter arrears that DSS agreed to pay is more than the DSS shelter maximum, and if you do not agree that you must repay or you do not agree with the amount DSS says you must repay, you must call for a fair hearing. If you do not call for a fair hearing, you cannot claim in the future that any agency's decision that you owe the debt was wrong. The time limit for calling for a fair hearing on the issue of the repayment is the same as the limit for any Public Assistance action this notice is telling you about, 60 days.

**HOW TO ASK FOR A FAIR HEARING:** You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.

**Mail:** Send a copy of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)


**Phone:** 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL).

**Fax:** Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

**Online:** Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

**WHAT TO EXPECT AT A FAIR HEARING:**

The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

**IF YOUR SITUATION IS EXTREMELY SERIOUS, THE STATE WILL ATTEMPT TO PROCESS YOUR REQUEST FOR A FAIR HEARING AS QUICKLY AS POSSIBLE. IF YOU CALL TO REQUEST A FAIR HEARING, PLEASE BE PREPARED TO EXPLAIN YOUR SITUATION TO THE PERSON WHO ANSWERS THE PHONE. IF YOU WRITE, FAX OR CONTACT US ONLINE INSTEAD, PLEASE BE SURE TO EXPLAIN YOUR SITUATION.**

**LEGAL ASSISTANCE:** If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call, write or fax to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the front of this notice or write to us at the address on the front of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the front of this notice or write to us at the address on the front of this notice.